

TOBACCO USE IN GREATER CINCINNATI

Envisioning a
tobacco-free community



INTERACT
FOR HEALTH

Interact for Health is improving the health of all people in our region. We serve as a catalyst by promoting health equity through grants, education, research, policy and engagement. To amplify the impact of our work, Interact for Health focuses on three strategic priorities: reducing tobacco use, addressing the opioid epidemic and ensuring that children have access to health care through school-based health centers. We are an independent foundation that serves 20 counties in Ohio, Kentucky and Indiana.

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After decades of improvement on smoking, our community still has work to do

IN MORE THAN 50 YEARS, the smoking rate in the United States has dropped by half. Yet tobacco use today remains the single most preventable cause of disease, disability and death in the United States—and Greater Cincinnati. And it comes with a substantial economic burden due to health care costs and lost productivity.¹

While Greater Cincinnati has made progress, we lag behind the nation

- The benefits of progress have not been experienced by all people, and **tobacco-related disparities** are a major barrier to advancing health equity in the region.
- With the rise of **emerging tobacco products** such as e-cigarettes, the landscape is changing, presenting new challenges.
- Tobacco use and secondhand smoke are **at the root of many of the region's biggest health issues**, including cardiovascular and respiratory diseases, cancer, infant mortality and asthma.^{2,3}

What is the state of tobacco use in Greater Cincinnati?

Launched in 2018, the Greater Cincinnati Adult Tobacco Survey is the most comprehensive source of local data for understanding adult tobacco use behaviors, attitudes and public opinion. The results shared in this report provide data that is essential for policymakers, organizations, the media and residents to work together on solutions that will reduce tobacco use and exposure to secondhand smoke.

We all have a role to play in creating a healthier community that protects all people from the harms of tobacco.

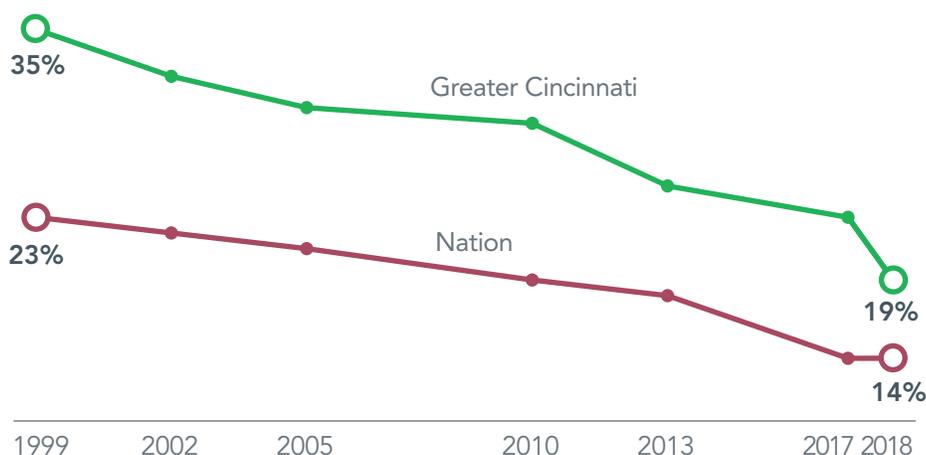


WE'RE MAKING PROGRESS

... but Greater Cincinnati lags behind the nation

Cigarette smoking has steadily declined across the nation and in Greater Cincinnati over the past few decades. Despite this progress, the percentage of adults in Greater Cincinnati who are current cigarette smokers (19%) continues to be higher than the nation (14%).^{4,5,6}

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE SMOKERS



SOURCES: Greater Cincinnati data from the Community Health Status Survey and Greater Cincinnati Adult Tobacco Survey; national data from the National Health Interview Survey

If the percentage of Greater Cincinnati adults who smoke was similar to the nation, our region would have 90,000 fewer current smokers.

In 2018, Ohio, Kentucky and Indiana were among 13 states named “Tobacco Nation.” The percentage of adults who smoke in these 13 states has routinely ranked in the top 25% in the nation for decades. This has contributed to higher numbers of tobacco-related health conditions and poorer overall health and well-being.^{2,3,7}

Greater Cincinnati is part of Tobacco Nation.

Our poor health outcomes will persist if we do not tackle tobacco use as a region.

WE'RE MAKING PROGRESS

... but the tobacco product landscape is changing



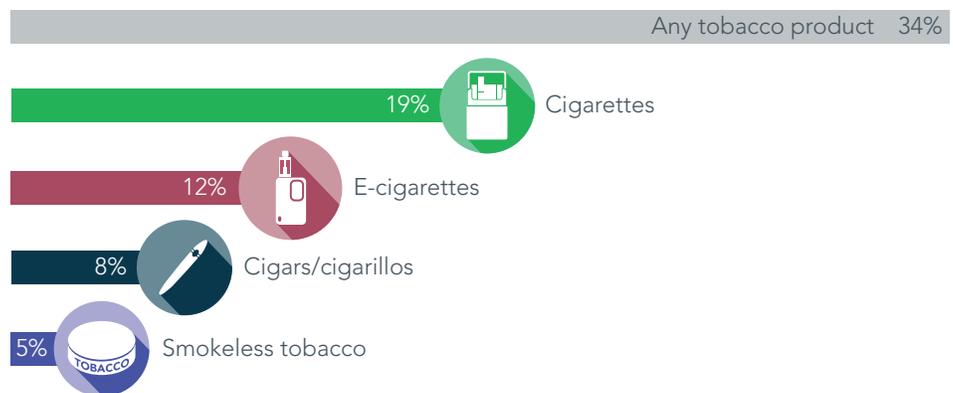
About **600,000** adults in Greater Cincinnati currently use some type of tobacco product – enough to fill Great American Ball Park more than **14 TIMES**.

More than 1 in 3 Greater Cincinnati adults (34%) use some type of tobacco product. Cigarette use is most common. Yet new products such as e-cigarettes have emerged. Many people also use other tobacco products such as cigars, cigarillos and smokeless tobacco. This changing product landscape presents new challenges and makes future progress uncertain.

Current use varies by tobacco product

Two in 10 Greater Cincinnati adults (19%) are current cigarette smokers. Twelve percent are current e-cigarette users, 8% are current cigar or cigarillo users and 5% are current smokeless tobacco users.

PERCENTAGE OF ADULTS WHO CURRENTLY USE A TOBACCO PRODUCT



About 1 in 3 adults (33%) use two or more tobacco products. Using multiple products may increase a person's addiction to nicotine and decrease intentions to quit.⁸

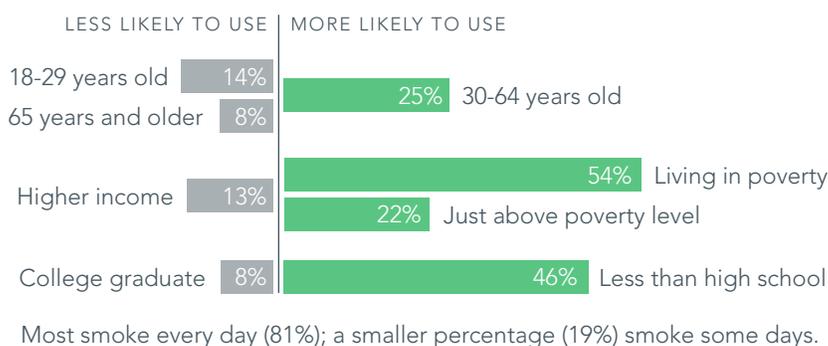
Who is using tobacco products and how often?

As the tobacco product landscape evolves, it is critical to understand who is using which products and how often. Some products are more commonly used by certain groups of people. Frequency of use—every day, some days or rarely—also varies by product. Even occasional use may harm a user's health and the health of others by exposure to secondhand smoke.⁹ See page 16 for current tobacco product use definitions and demographic data.



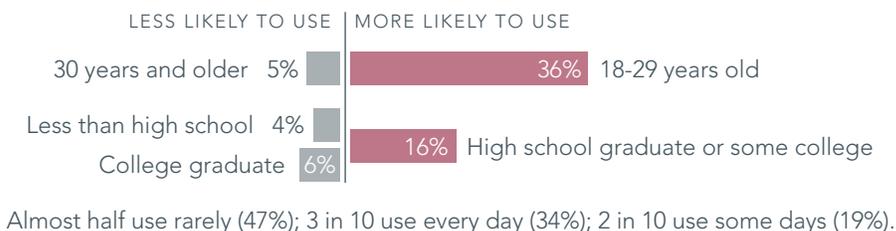
CIGARETTES
19%
OF ADULTS

340,000 users



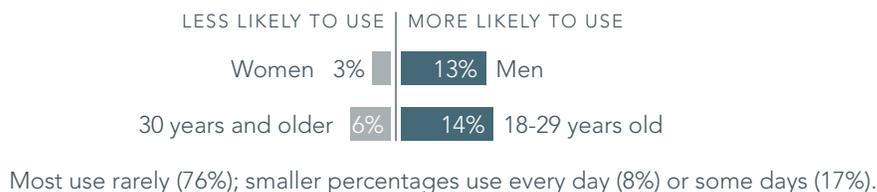
E-CIGARETTES
12%
OF ADULTS

210,000 users



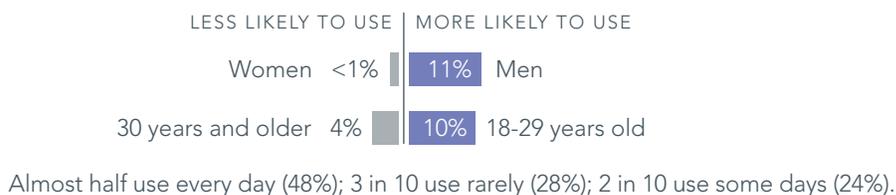
CIGARS/CIGARILLOS
8%
OF ADULTS

140,000 users



SMOKELESS TOBACCO
5%
OF ADULTS

90,000 users





WE'RE MAKING PROGRESS

... but not for all people

The progress to reduce tobacco use has not been experienced by all people. Tobacco use and exposure to secondhand smoke are higher among certain groups of people, resulting in poorer health outcomes. These tobacco-related disparities are affected by factors such as:

- Targeted advertising by the tobacco industry.
- A lack of comprehensive tobacco-control policies that protect all people.
- Limited access to cessation resources.
- Differences in product use, age of initiation and smoking patterns.
- Social and economic factors that can influence health, such as income, housing and education.^{10,11}

Tobacco-related disparities are a major barrier in the region to advancing health equity—the idea that “everyone is able to achieve their full health potential.”¹² Data from the 2018 Greater Cincinnati Adult Tobacco Survey provide insight into four populations, including:

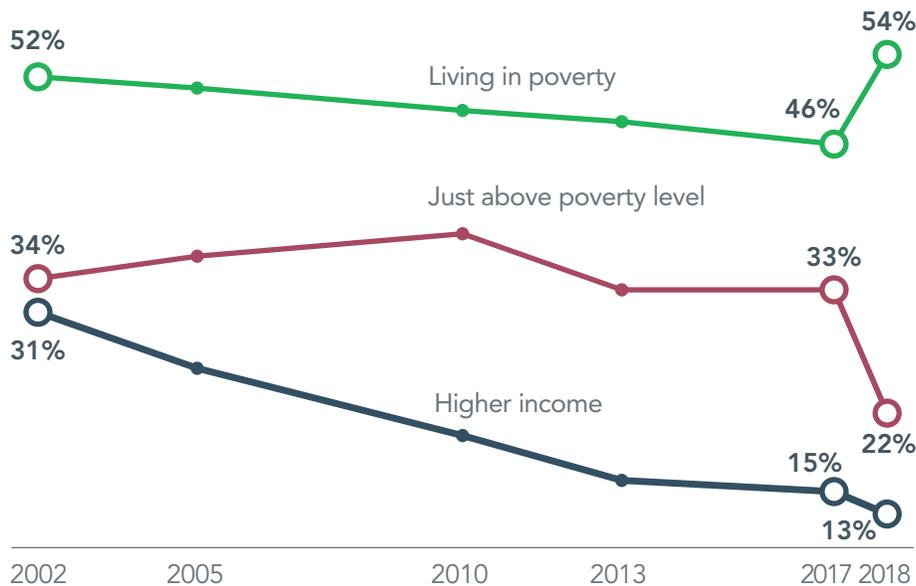
- ① **People with lower incomes.**
- ② **Young adults.**
- ③ **African Americans.**
- ④ **People living in rural Kentucky counties.**

1 Smoking is concentrated among adults with lower incomes

The percentage of Greater Cincinnati adults with higher incomes who are current cigarette smokers declined by 58% from 2002 (31%) to 2018 (13%). **During this same period, smoking among adults with lower incomes has changed little.** The gap continues to widen.

- In 2018, more than half of adults living in poverty (54%) are current smokers. This has remained unchanged since 2002.
- 2 in 10 adults with household incomes just above the federal poverty level (22%) are current smokers. This is a decline since 2017 (33%) and is the first among this group since 2002.

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE SMOKERS, BY HOUSEHOLD INCOME*



* In 2017, a family of four living in poverty (the equivalent of 100% or less of the Federal Poverty Guidelines) had a household income of \$24,600 or less. A family of four living just above the poverty level (between 100% and 200% FPG) had a household income between \$24,601 and \$49,200. A family of four that had higher income (more than 200% FPG) had a household income greater than \$49,200.



Adults with lower incomes are almost **THREE TIMES** more likely to be current smokers than adults with higher incomes.

Low-income communities have more stores that sell tobacco products.¹³ The tobacco industry has used advertising campaigns, point-of-sale marketing and discount coupons to make tobacco products more affordable and desirable for people with lower incomes.¹⁴ People with lower incomes are also less likely to have access to affordable, convenient resources to quit smoking that are tailored to their unique needs and challenges.¹⁰

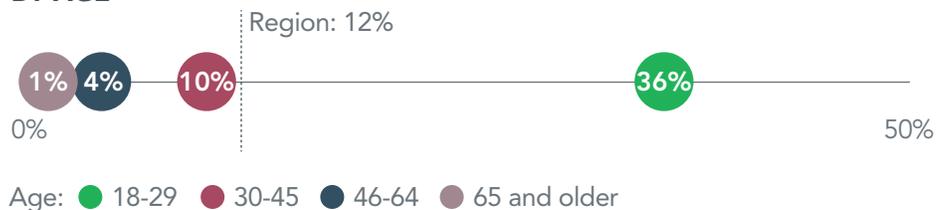
WHAT'S BEHIND THIS?

② E-cigarettes are addicting to young adults

In recent years, the use of electronic cigarettes, e-cigarettes and vaping products has increased dramatically among youth and young adults. Nationally, e-cigarette use among high school students increased 78% from 2017 (12%) to 2018 (21%).^{15,16} E-cigarettes are often known by popular brands such as JUUL, and users sometimes refer to the activity as “vaping” or “JUULing.”

In Greater Cincinnati, almost 7 in 10 adults (67%) between the ages of 18 and 29 have used an e-cigarette at least one time. Almost 4 in 10 (36%) report that they are current e-cigarette users. This is higher than current e-cigarette use among other age groups and all adults in the region (12%).

PERCENTAGE OF ADULTS WHO ARE CURRENT E-CIGARETTE USERS, BY AGE



As today’s youth become young adults, it is important to monitor their rapidly rising e-cigarette use in order to understand the growth and evolution of this emerging tobacco product.

WHAT'S BEHIND THIS?

Most e-cigarettes contain nicotine, the addictive substance in tobacco products, as well as other harmful substances. A single pod from JUUL—the most commonly sold brand in the U.S.—contains as much nicotine as a pack of 20 regular cigarettes.¹⁷ Exposure to nicotine by youth and young adults can lead to addiction and harm the developing brain, which develops until about age 25.^{18,19}

Flavors may also make e-cigarettes more appealing to youth and young adults. In the past, the tobacco industry used flavors in regular cigarettes, which research showed encouraged youth use.^{20,21} Flavored cigarettes, with the exception of menthol, were removed from the market in 2009.

91% of young adult e-cigarette users report that their e-cigarettes usually contain **FLAVORS** such as mint, fruit, candy or spice.

③ Menthol cigarettes are used by majority of African American smokers

The percentage of African American adults in Greater Cincinnati who report that they are current smokers is the same as white adults. However, African Americans are more likely to die from smoking-related diseases than people who are white.²²

In Greater Cincinnati, 3 in 10 smokers (30%) usually smoke menthol cigarettes. However, **7 in 10 (68%) African American smokers usually smoke menthol cigarettes compared with just 2 in 10 (19%) white smokers.**²³

PERCENTAGE OF ADULT SMOKERS WHO ARE CURRENT MENTHOL CIGARETTE USERS



Menthol cigarettes are flavored with the chemical compound menthol that is naturally found in mint or created synthetically. Menthol adds a sweet cooling effect to the mouth and throat while smoking, which reduces the perceived harshness of the smoke. The most popular menthol cigarette brand is Newport.²⁶

The 2009 Family Smoking Prevention and Tobacco Control Act prohibits the use of flavors in regular cigarettes, except for menthol.²⁴ African American smokers predominantly use menthol cigarettes.^{25,26} The tobacco industry has a history of targeting menthol cigarette advertising toward African Americans.^{22,26,27} Menthol cigarettes are as addictive—if not more addictive—and just as harmful to health as non-menthol cigarettes.²² They are also easier to smoke and harder to quit.^{22,26,28}



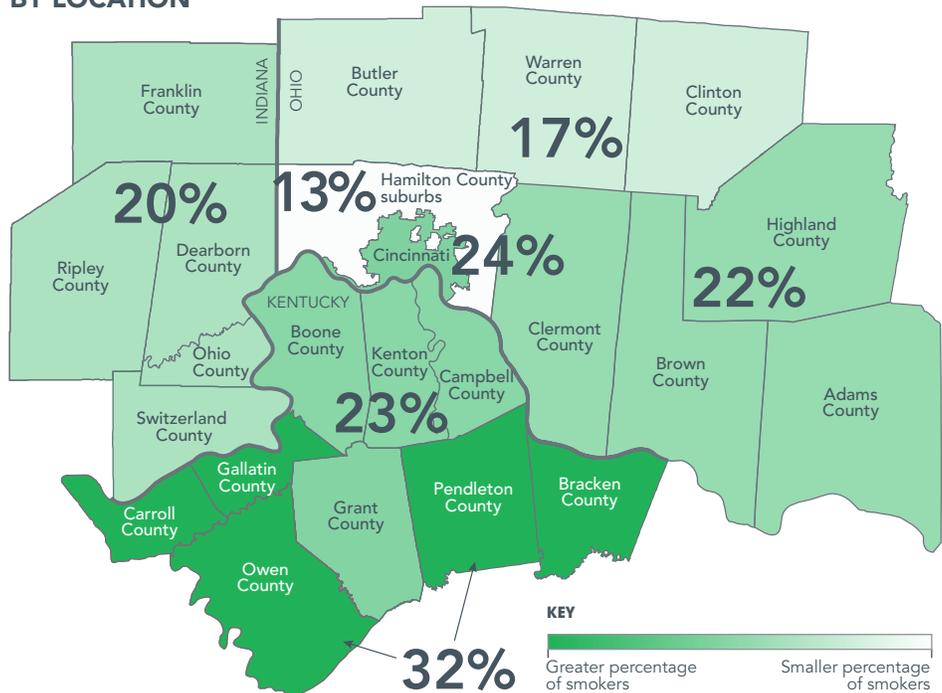
African American smokers are nearly **FOUR TIMES** more likely than white smokers to use menthol cigarettes.

WHAT'S BEHIND THIS?

④ Rural Kentucky counties have the highest percentage of adult smokers

Adults living in Bracken, Carroll, Gallatin, Owen and Pendleton counties in Kentucky (32%) are more likely than those living in most other parts of the region to be current smokers. The city of Cincinnati (24%) also has a high percentage of current smokers, while the percentage of adults reporting that they are current smokers is lowest in Butler, Clinton and Warren counties (17%) and Hamilton County suburbs (13%).

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE SMOKERS, BY LOCATION



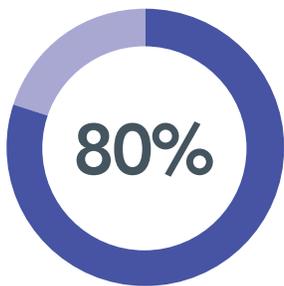
WHAT'S BEHIND THIS?

The state of Kentucky does not have a comprehensive smoke-free law that prohibits smoking in places such as restaurants, bars and workplaces. The only local comprehensive smoke-free law in Northern Kentucky is in the city of Williamstown.^{29,30} In many rural communities, the history of tobacco growing facilitates a culture supportive of tobacco use.³¹ The tobacco industry has traditionally targeted advertising toward people in rural areas, and smokers in more remote areas may have limited access to resources to help them quit.^{32,33}

WE'RE MAKING PROGRESS

...but tobacco is part of our culture

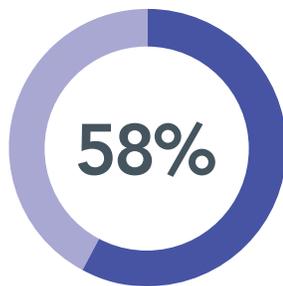
Tobacco—and the secondhand smoke that comes with it—has been part of Greater Cincinnati for a long time, and it affects us all. This culture of tobacco is at the root of why people start smoking and why they continue to smoke. Ultimately, tobacco use is an addiction, one that is difficult to break when the culture and environment in communities make it harder to succeed.



of adults think **smoking is common** in their community.



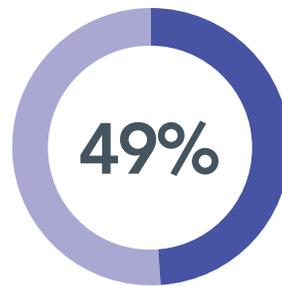
When people live, work and play where smoking is perceived to be common, it becomes an enduring community norm.



of adults have at least **one close friend** who currently uses tobacco.



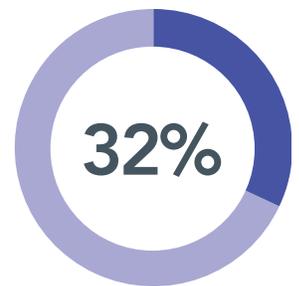
When people have close friends who smoke, they are also exposed to secondhand smoke, which is harmful to their health.



of current smokers have **children living in the household.**



When children grow up in households where people smoke, it is modeled for them and smoking may continue into future generations.



of current smokers report **high levels of stress.**



When high stress is part of people's everyday lives, changing their environment or finding healthy ways to cope becomes difficult.

OUR REGION WANTS CHANGE

... let's accelerate progress to reduce tobacco use

Nearly 7 in 10 current smokers are thinking about quitting for good.

For help, call

1-800-QUIT-NOW

to receive personalized support.

Our community is striving to make itself the healthiest region in the nation. **Most Greater Cincinnati adults (64%) think that smoking is a problem in their community.** Tackling tobacco use together requires various individual, community, state and national strategies. Here are some local strategies we know work:

- **Tobacco control policies such as smoke-free workplace laws, flavoring restrictions, increasing the minimum age of sale to 21 and point of sale laws that restrict access.**
- **Culturally appropriate media and community relations campaigns.**
- **Cessation efforts tailored to those most affected by tobacco use.**

Interact for Health is committed to reducing tobacco use and exposure to secondhand smoke among low-income adults and youth in Greater Cincinnati.

"For decades, the tobacco industry has marketed its products to adults in our region, and it has focused on people with lower incomes and minority communities," said O'dell M. Owens, M.D., M.P.H, President and CEO of Interact for Health.



"We have made progress in supporting tobacco policy change, but we must not stop. It is time to accelerate progress and create a healthier community that protects all people from the harms of tobacco."

How our community is working to reduce tobacco use

The following projects are funded in part by Interact for Health.

Community-led cessation addresses smoking and stress

Cradle Cincinnati, an initiative to reduce infant mortality in Hamilton County, engaged residents throughout 2018 and 2019 in a pilot project to design community programming to support smoking cessation among their peers. Not only did 145 residents participate in community events and art, yoga, mindfulness, and smoking cessation workshops, but champions of the project emerged in the community who can expand these efforts in the future. Residents built community and developed new skills and techniques to counteract stress and replace smoking with healthier activities.

"I feel like the mindfulness exercises help me deal with stress better than before. The exercises help you center yourself to handle or even look at situations differently."

– Crystal, mindfulness workshop participant



Policy change the first of its kind in Northern Kentucky

In 2017, the Northern Kentucky Health Department, in partnership with two community coalitions, began advocacy and education efforts for a comprehensive smoke-free policy in Williamstown, Kentucky. Coalition members—as well as the mayor of Williamstown—collected air quality data, educated the community and advocated for a local smoke-free policy focusing on the benefits for business, health and tourism. In 2018, city council passed the smoke-free policy, becoming the first jurisdiction in Northern Kentucky to enact a comprehensive smoke-free policy, protecting health for generations to come.

"The most gratifying part of this process for me was the fact that the two coalitions discussed the policy with each city council member and then each councilperson did their own research, asked their questions, and unanimously voted in favor of the policy."

– Rick Skinner, Mayor of Williamstown



APPENDIX

Demographic data for current tobacco product users

Subgroups	Current users of any tobacco		 Current cigarette users		 Current e-cigarette users		 Current cigar/cigarillo users		 Current smokeless tobacco users	
	Percentage	Sample size*	Percentage	Sample size*	Percentage	Sample size*	Percentage	Sample size*	Percentage	Sample size*
Greater Cincinnati residents	34%	2,300	19%	2,297	12%	2,300	8%	2,296	5%	2,299
GENDER										
Male	44% [†]	1,113	21%	1,112	15%	1,113	13%	1,111	11%	1,113
Female	25%	1,187	18%	1,185	9%	1,187	3%	1,186	<1%	1,187
AGE										
18-29	52%	487	14%	487	36%	487	14%	487	10%	487
30-45	41%	564	28%	564	10%	564	8%	563	7%	564
46-64	31%	775	23%	774	4%	774	5%	774	4%	774
65 and older	13%	421	8%	419	1%	421	6%	419	1%	421
RACE										
African American	35%	368	21%	368	13%	368	9%	368	1%	368
White	32%	1,903	18%	1,900	11%	1,903	8%	1,900	6%	1,902
EDUCATION										
Less than high school	51%	235	46%	234	4%	235	5%	235	<1%	235
High school graduate	38%	718	21%	718	13%	717	9%	717	8%	717
Some college	39%	671	18%	671	19%	671	11%	669	5%	671
College graduate	18%	650	8%	647	6%	650	5%	649	4%	650
INCOME										
100% FPG or less	59%	244	54%	244	10%	244	7%	244	3%	244
Between 100% and 200% FPG	44%	318	22%	318	15%	318	7%	318	10%	318
More than 200% FPG	31%	1,149	13%	1,149	14%	1,149	9%	1,149	6%	1,149

[†] Shaded boxes in table indicate that a demographic subgroup (i.e. male) reports using the specified tobacco product (i.e. smokeless tobacco) more often than at least one other demographic subgroup (i.e. female).

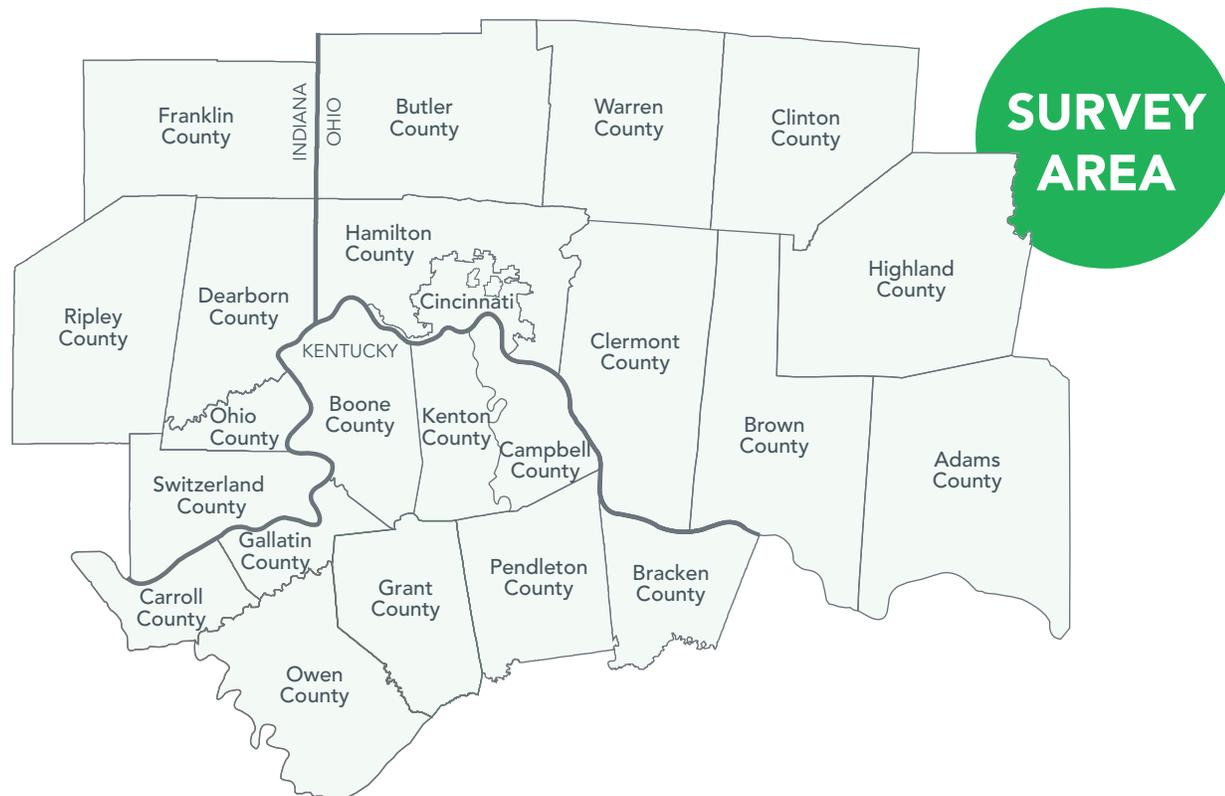
*For this calculated variable (see data definitions below for variable definition), "Sample Size" translates to the number of adult respondents who were assigned to this category based on their responses to certain questions. Therefore, sample sizes within demographic subgroups may vary.

Data definitions for tobacco product users

Tobacco product used	Definition
Any tobacco product	Current tobacco product users are respondents who currently use one or more of the tobacco products from the 2018 Greater Cincinnati Adult Tobacco Survey, including: cigarettes, cigars, cigarillos, little filtered cigars, smokeless tobacco and e-cigarettes.
Cigarettes	Current smokers are respondents who have smoked at least 100 cigarettes in their life, and now smoke every day or some days.
E-cigarettes	Current e-cigarette users are respondents who have used an e-cigarette at least once and now use e-cigarettes every day, some days or rarely.
Cigar, cigarillo or little filtered cigars	Current cigar/cigarillo users are respondents who have smoked a cigar, cigarillo or little filtered cigar at least 50 times in their life, and now smoke every day, some days or rarely.
Smokeless tobacco	Current smokeless tobacco users are respondents who have used smokeless tobacco at least 20 times in their life and who now use smokeless tobacco every day, some days or rarely.

ABOUT THE SURVEY

The **Greater Cincinnati Adult Tobacco Survey** is a project of Interact for Health and is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 2,300 randomly selected adults residing in a 22-county area (see below) were interviewed by telephone between Aug. 11, 2018, and March 31, 2019. This included 847 landline and 1,453 cell phone interviews.



As with all surveys, statistical adjustments were made to correct any biases that exist because not all residents in the area were interviewed. The potential margin of error for the survey is $\pm 2.0\%$. Caution should be used when interpreting subgroup results because the margin of error for any subgroup is higher than that of the overall survey. Data have also been weighted to correct for potential sampling biases on age, race, sex, education and county of residence using data from the U.S. Census Bureau.

Oversamples were conducted to get a more accurate picture of tobacco use among specific groups. As part of the original survey and as part of the oversample, 512 current smokers (margin of error: $\pm 4.3\%$), 368 African Americans ($\pm 5.1\%$) and 503 Florence, Kentucky, residents ($\pm 4.4\%$) were interviewed.

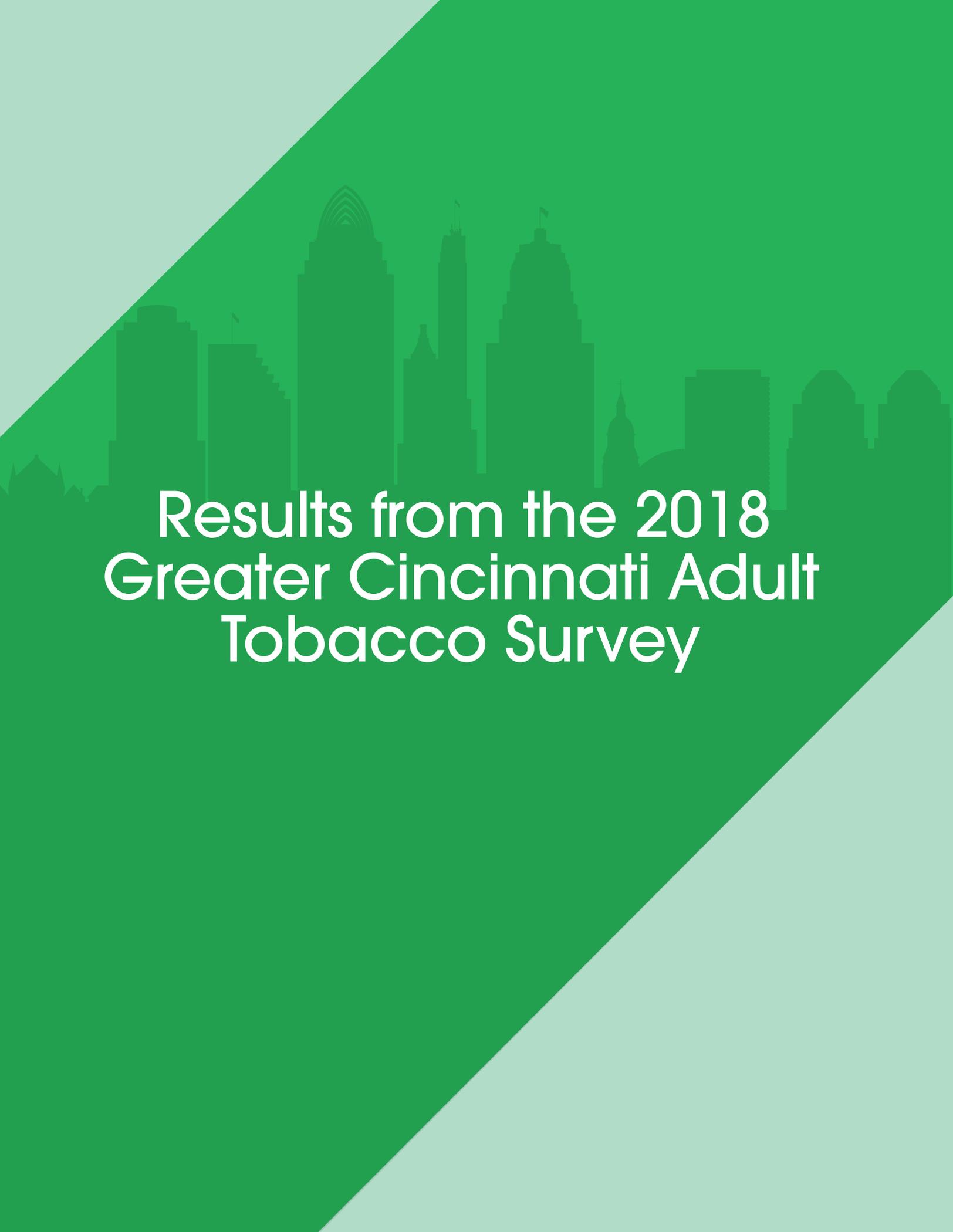
Visit www.interactforhealth.org/about-tobacco-survey for more about the survey's methodology and topics of future releases.

ENDNOTES

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6. Current and historical data about current Greater Cincinnati cigarette smokers come from the Greater Cincinnati Adult Tobacco Survey (2018) and the Community Health Status Survey (1999, 2002, 2005, 2010, 2013, 2017), both managed by Interact for Health. The surveys use the same methodology and cover the same geographic area.
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An electronic version of this report with hyperlinks to resources can be found at www.interactforhealth.org/about-tobacco-survey.

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The image features a dark green background with a diagonal split. The upper-left portion is a lighter shade of green, while the rest is a darker green. A silhouette of the Cincinnati skyline is visible in the background, including prominent buildings like the Cincinnati Bell Tower and the Cincinnati Convention Center. The text is centered in the lower half of the image.

Results from the 2018 Greater Cincinnati Adult Tobacco Survey